



**CHILD & YOUNG PERSON CONSENT FORM**

**Your child has been offered Art Therapy. We need your consent to see your child. Consent is valid until termination of the therapeutic relationship and you have the right to revoke consent at any time. Please take time to read and understand this document and contact me or see our website if you have any questions. Please sign and return form.**

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I agree to my child (name) ..... meeting with an Art Therapist for a series of art therapy sessions.

I understand that the therapy is confidential and basic information will be shared with parents and involved professionals. Art work will generally not be discussed as it remains part of the therapy and is kept safe for the duration of the therapy. When sessions end, it is the child's decision as to whether they take their work away or not. Art Therapists are legally required to receive supervision to ensure that the work is of a high standard. This requires that the client work is shared with another professionals anonymously.

I may ask you to join in a consultation where I will ask you questions about your child's medical history, lifestyle and health. Would this be O.K? Yes      No  
☐      ☐

If yes please provide a number and time where we can contact you .....

I give consent for material from art therapy sessions to be used for training and academic purposes with the understanding that this remains anonymous. Yes      No  
☐      ☐

I understand the information stated in this form and my give consent.

**Parents/Guardians signature: ..... Date: .....**

**Parents/Guardians name: ..... Relationship: .....**